## Registration Reply Form

### Employers

<table>
<thead>
<tr>
<th>Category</th>
<th>Full Day</th>
<th>Half Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>100+ Attorneys</td>
<td>$500</td>
<td>$375</td>
</tr>
<tr>
<td>51-99 Attorneys</td>
<td>$300</td>
<td>$225</td>
</tr>
<tr>
<td>20-50 Attorneys</td>
<td>$200</td>
<td>$150</td>
</tr>
<tr>
<td>1-19 Attorney(s)</td>
<td>$100</td>
<td>$75</td>
</tr>
<tr>
<td>Government/Nonprofit</td>
<td>$100</td>
<td>$75</td>
</tr>
<tr>
<td>Affinity &amp; Affiliate Bars</td>
<td>$35</td>
<td>$15</td>
</tr>
</tbody>
</table>

**Payment Options:**

- [ ] Check Enclosed
- [ ] Pay By Credit Card
- [ ] Send Invoice

**Total Amount:**

_(Please make payable to the Cleveland Metropolitan Bar Association)_

**Credit Card:**
- [ ] Visa
- [ ] MasterCard
- [ ] Discover
- [ ] American Express

**Name on Card:**

**Telephone:**

**E-mail Address:**

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**Firm or Organization Name:**

**Contact Person:**

**Address:**

**Please Return to:**

Cleveland Metropolitan Bar Association
1375 East 9th Street, 2nd Floor
Cleveland, OH 44114
Attn: Kandann Coleman
or email to kcoleman@clemetrobar.org